PTO/SB/81(06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Applicat	tion Numb	oer				
		Filing D	ate					
POWER OF ATTORNEY			First Named Inventor		LAIN-YEN HU			
an	. ••	Title			ANDROGEN MODULATORS			
CORRESPONDENCE ADDRESS								
INDICATIO)N FORM	Examine	er Name					
	~~************************************	Attorney	y Docket N	Number	PC32134			
I hereby appoint:				<u></u>				
Practitioners at Custom]				
OR OR	L							
Practitioners named be	elow:							
<u></u>	Name		Registration Number					
as my/our attorney(s) or ager	ct/c) to proceed the applic	ation identified	chovo an	d to transact	t off			
business in the United States				U lu liansau	. au			
Please recognize or change t	the correspondence addres	ss for the above	-identified	application t	to:			
The above-mentioned	Customer Number.							
OR								
	1 - 141- Constant of Number			\neg				
I ne address associate	d with Customer Number							
OR			*					
Firm or								
Individual Name								
Address .	Name with the state of the stat							
Address			******					
City		s	tate		Zip			
Country		<u>1</u>		1				
Telephone		Fa	ıx					
I am the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
Statement under 37 CF	SIGNATURE of			e of Reco	rd			
Name	LAIN-YEN HU							
Signature	Sainten la							
Date Aug. 31, 2006								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Date Aug. 31, 2006								
□ *Total of forms are submitted.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

İ		Applica	tion Num	ber			
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM		Filing D	Filing Date				
		First Na	First Named Inventor		LAIN-YEN HU		
		Title			ANDRO	GEN MODULATORS	
		Art Unit					
		Examin	er Name				
			y Docket	Number	PC321	34	
I hereby appoint:							
Practitioners at Customer Number			80				
Practitioners at Customer Number 28880 OR							
Practitioners named b	elow.						
	Name		T	Pogietrati	on Num	hor	
	Ivaille		Registration Numb			bei	
	-					ATT-TO-COMPANY AND ADDRESS OF THE STATE OF T	
						_	
as my/our attorney(s) or age business in the United States	nt(s) to prosecute the applic	cation identified	above, ar	nd to transact	all		
Please recognize or change		as for the above	-identified	application t	0:		
The above-mentioned Customer Number.							
OR							
The address associated with Customer Number							
OR				—			
Firm or							
Individual Name							
Address							
Address							
City		S	State		Zip		
Country							
Telephone		Fa	ıx				
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	SIGNATURE of	·		ee of Recor	·d		
Name	HUANGSHU LEI		7	,			
Cianatura	Micangoly lei						
Signature							
NOTE: Signatures of all the inventors or assignées of record of the entire interest or their representative(s) are required. Submit multiple							
forms if more than one signature						4	
□ *Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81(06-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Application Numb	per					
	Filing Date						
POWER OF ATTORNEY	First Named Inver	ntor LAIN-YEN HU					
and	Title	ANDROGEN MODULATORS					
CORRESPONDENCE ADDRESS	Art Unit						
INDICATION FORM	Examiner Name						
	Attorney Docket N	lumber PC32134					
I hereby appoint:							
Practitioners at Customer Number	28880						
OR							
Practitioners named below:							
Name	Registration Number						
Nume		Registration Namber					
							
as my/our attorney(s) or agent(s) to prosecute the application business in the United States Patent and Trademark Office of	n identified above, and	d to transact all					
		and the standard					
Please recognize or change the correspondence address for	r the above-identified i	application to:					
The above-mentioned Customer Number.							
OR							
The address associated with Customer Number							
│							
Firm or		•					
Individual Name							
Address							
Address							
City	State	Zip					
Country							
Telephone	Fax						
I am the:							
Application vertical.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name DANIEL Y. DU							
Signature Daniel He							
Date 8/3/120	8/31/2006						
	0 0						
NOTE: Signatures of all the inventors or assignees of record of the forms if more than one signature is required, see below*.		neir representative(s) are required. Submit multiple					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81(06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Ar	plication l	Number					
	Fil	Filing Date						
POWER OF ATTORNEY	Fir	First Named Inventor		LAIN-YEN HU				
and	Tit	tle		ANDROGEN MODULA	TORS			
CORRESPONDENCE ADDRE	SS Ar	t Unit						
INDICATION FORM	Ex	aminer Na	me					
	Att	torney Doo	cket Number	PC32134				
I hereby appoint:								
Practitioners at Customer Number		28880						
OR	L	20000						
Practitioners named below:			•					
l ¬	ame	Registration Number						
					1			
					_			
					-			
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Tradem	e application iden	itified above	e, and to transact	all	-			
Please recognize or change the correspondence				···				
	address for the a	above-ideni	ined application to	J.				
The above-mentioned Customer Number.								
OR								
The address associated with Customer Number								
OR \	<u> </u>							
Individual Name	Firm or Individual Name							
Adda					·			
Address								
Address		T	T					
City		State	<u> </u>	Zip				
Country								
Telephone		Fax						
I am the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name BRUCE A. LEFK	ER	:						
Signature 72	12 (15							
Signature BUSUSY 2	August 21 2/2/26							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
forms if more than one signature is required, see belo	ow*.							
*Total of forms are submitted.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Application Nun	nber						
	Filing Date							
POWER OF ATTORNEY	First Named Inventor		LAIN-YEN HU					
and	Title		ANDROGEN MODULATORS					
CORRESPONDENCE ADDRESS	Art Unit							
INDICATION FORM	Examiner Name							
	Attorney Docket	t Number	PC32134					
I hereby appoint:								
	28880							
OR								
<u></u>	Practitioners named below:							
Name Name	Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application								
business in the United States Patent and Trademark Office c	onnected therewith		WWW.					
Please recognize or change the correspondence address for	the above-identifie	d application to:						
The above-mentioned Customer Number.								
OR								
The address associated with Customer Number								
L_								
OR								
Firm or								
Individual Name								
Address			, , , , , , , , , , , , , , , , , , , 					
Address	· · · · · · · · · · · · · · · · · · ·							
City	State		Zip					
	Otate		210					
Country	Fax							
Telephone	ı ax							
I am the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name YVONNE DOROTHY SMITH								
11 0 1 2:11								
	Signature Grown Sorothy South							
Date August 31, 2006								
NOTE: Signatures of all the inventors of assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
□ *Total of forms are submitted.								

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY		tion Number					
		ate					
		med Inventor	LAIN-YEN HU				
and	Title		ANDROGEN MODULATORS				
CORRESPONDENCE ADDRESS	Art Unit						
INDICATION FORM		er Name					
	Attorne	/ Docket Number	PC32134				
I hereby appoint:							
Practitioners at Customer Number		80					
│	stomer Number 28880						
Practitioners named below:							
Name		Designation Number					
Ivanie		Registration Number					
<u> </u>							
as my/our attorney(s) or agent(s) to prosecute the appli business in the United States Patent and Trademark O	ication identified	above, and to transac	et all				
			A				
Please recognize or change the correspondence addre	iss for the above	-identified application	to.				
The above-mentioned Customer Number.							
OR							
The address associated with Customer Number							
OR	L						
Firm or							
Individual Name							
Address							
Address							
City	S	tate	Zip				
Country							
Telephone	Fa	х					
I am the:	<u> </u>	•					
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name VICTOR FEDIJ							
Signature	6/1/60						
Date A4, 31, 7006							
NOTE: Signatures of all the inventors or assignees of reco	rd of the entire in	terest or their represe	entátive(s) are required. Submit multiple				
forms if more than one signature is required, see below*.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

☐ *Total of _____ forms are submitted.